



FORT WORTH ANIMAL CARE AND CONTROL

Parental Consent Form

In order for your child to perform volunteer work or community service with us, we need your consent and your involvement in helping them have a productive experience. Please read, sign and date this parental consent form if you would like us to continue our process of considering your child as a possible volunteer. Please call the **Volunteer Coordinator** at **(817)-392-7092** if you have any questions or would like further information.

Name of Prospective Youth Volunteer: _____

Age of Volunteer: ____ 15 years old
____ 16 to 17 years old

I understand that my child named above wishes to be considered for volunteer work and I hereby give my permission for them to serve in that capacity, if accepted by the FWACC volunteer program.

I understand that they will be provided with orientation and training necessary for the safe and responsible performance of their duties and that they will be expected to meet all the requirements of the position, including regular attendance and adherence to FWACC policies and procedures. I understand that they will not receive monetary compensation for the services contributed.

Name: _____

Signature: _____

Relationship: _____

Date: _____